

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/584,978

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		12					53						
4		21					54						
5		10					55						
6		1					56						
7		10					57						
8		1					58						
9		10					59						
10		1					60						
11		10					61						
12		1					62						
13		10					63						
14		1					64						
15		10					65						
16		1					66						
17		10					67						
18		1					68						
19		10					69						
20	1						70						
21		1					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26	1						76						
27		1					77						
28		12					78						
29		1					79						
30		10					80						
31		1					81						
32		10					82						
33		1					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	5	↓		↓		↓	TOTAL NO.		↓		↓		↓
TOTAL DEP.	28	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	33						TOTAL CLAIMS						